

Use the following chart to determine UTI selection for initial denial and reconsideration affirmation notices.

UTI	UTI Language	Select on:
MHP058	<p>You asked us to take another look at __F1__ claim for Medicare based on exposure to a public health hazard in an area subject to an emergency declaration. Someone who did not make the first decision reviewed __F2__ case, including any new facts you gave us. After this review, we found that our first decision was correct.</p> <p>FILL-IN VALUES:</p> <p>Fill-in 1:</p> <ol style="list-style-type: none"> 1. your 2. BENEFICIARY NAME's 3. BENEFICIARY NAME' <p>Fill-in 2:</p> <ol style="list-style-type: none"> 1. your 2. her 3. his 	reconsideration affirmation notices
MHP055	<p>__F1__ not entitled to Medicare hospital and medical insurance based on exposure to a public health hazard in an area subject to an emergency declaration. To get this type of Medicare coverage, __F2__ must meet both medical and presence rules. __F3__ not meet the __F4__.</p> <ul style="list-style-type: none"> • To meet the medical rule, __F5__ must be diagnosed with a specific medical condition resulting from exposure to a public health hazard in an area subject to an emergency declaration. • To meet the presence rule, __F6__ must be in an area subject to an emergency declaration for at least 6 months. The 6 months must occur __F7__. <p>FILL-IN VALUES:</p> <p>Fill-in 1:</p> <ol style="list-style-type: none"> 1. You are 2. BENEFICIARY NAME is 	all notices

	<p>Fill-in 2:</p> <ol style="list-style-type: none"> 1. you 2. she 3. he <p>Fill-in 3:</p> <ol style="list-style-type: none"> 1. You do 2. She does 3. He does <p>Fill-in 4:</p> <ol style="list-style-type: none"> 1. medical rule 2. presence rule 3. medical and presence rules <p>Fill-in 5:</p> <ol style="list-style-type: none"> 1. you 2. she 3. he <p>Fill-in 6:</p> <ol style="list-style-type: none"> 1. you 2. she 3. he <p>Fill-in 7:</p> <ol style="list-style-type: none"> 1. at least 10 years before your medical diagnosis 2. at least 10 years before her medical diagnosis 3. at least 10 years before his medical diagnosis 4. Null (for future use for timeframes designated for future emergency declaration areas) 	
ALSC02	Do You Disagree With The Decision?	all notices
ALS187	<p>If you disagree with this decision, you have the right to appeal. We will review __F1__ case and consider any new facts you have. A person who did not make the first decision will decide __F2__ case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to __F3__.</p>	initial denial notices

	<ul style="list-style-type: none"> • You have 60 days to ask for an appeal. • The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period. • You must have a good reason for waiting more than 60 days to ask for an appeal. • You can file an appeal with any Social Security office. You must request the appeal in writing. Please use our "Request for Reconsideration" form, SSA-561, which is available on our website at www.socialsecurity.gov on the Internet. You can also contact us by phone, by mail, or come into the office to obtain the form. If you need assistance, we can help you fill out the form. <p>Please read the enclosed pamphlet, "Your Right to Question the Decision Made on Your Claim". It contains more information about the appeal.</p> <p>FILL-IN VALUES:</p> <p>Fill-in 1:</p> <ol style="list-style-type: none"> 1. your 2. her 3. his <p>Fill-in 2:</p> <ol style="list-style-type: none"> 1. your 2. her 3. his <p>Fill-in 3:</p> <ol style="list-style-type: none"> 1. you 2. her 3. him 	
ALS188	<p>If you disagree with the decision, you have the right to request a hearing. At the hearing, a person who has not seen __F1__ case before will look at it. That person is an Administrative Law Judge. In the rest of our letter, we</p>	reconsideration affirmation notice

	<p>will call this person an ALJ. The ALJ will review those parts of the decision which you believe are wrong. The ALJ will look at any new facts you have and correct any mistakes. The ALJ may also review those parts which you believe are correct and may make them unfavorable or less favorable to __F2__.</p> <ul style="list-style-type: none"> • You have 60 days to ask for an appeal. • The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period. • You must have a good reason for waiting more than 60 days to ask for an appeal. • You can file an appeal with any Social Security office. You must request the appeal in writing. Please use our "Request for Hearing" form, HA-501-U5, which is available on our website at www.socialsecurity.gov on the Internet. You can also contact us by phone, by mail, or come into the office to obtain the form. If you need assistance, we can help you fill out the form. <p>Please read the enclosed pamphlet, "Your Right to An Administrative Law Judge Hearing and Appeals Council Review of Your Social Security Case." It contains more information about the hearing.</p> <p>FILL-IN VALUES:</p> <p>Fill-in 1:</p> <ol style="list-style-type: none"> 1. your 2. her 3. his <p>Fill-in 2:</p> <ol style="list-style-type: none"> 1. you 2. her 3. him 	
REPC01	If You Want Help With Your Appeal	all notices
REP002	You can have a friend, representative, or someone else	all notices

	<p>help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives who do not charge unless you win your appeal. Your Social Security office has a list of groups that can help you with your appeal.</p> <p>If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.</p>	
REFC01	If You Have Any Questions	all notices
REF133	<p>If you have any questions about Medicare eligibility based on exposure to a public health hazard, please call us toll-free at __F1__ or write to us at:</p> <p style="text-align: center;">__F2__</p> <p>FILL-IN VALUES:</p> <p>Fill-in 1: For Libby cases, complete with: 1-888-482-3128</p> <p>Fill-in 2: For Libby cases, complete with:</p> <p style="text-align: center;">275 Corporate Drive Ashley Square Mall Suite D Kalispell, MT 59901</p>	all notices
REF061	<p>We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at __F1__.</p> <p>We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:</p> <p style="text-align: center;">__F2__</p> <p>If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an</p>	all notices

	<p>appointment. This will help us serve you more quickly when you arrive at the office.</p> <p>FILL-IN VALUES:</p> <p>Fill-in 1: Complete with servicing field office phone number</p> <p>Fill-in 2: Complete with servicing field office location address</p>	
	<p>Enclosures: Pub 05-10058 (initial denial notice) Pub 07-10281 (reconsideration affirmation notice)</p>	all notices